

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) STEVE COHEN Office (if applicable) STM 610 BOARD District (if applicable) STM 610
75 CHINCHILLA LN RENO, NV 89511 775 853-4054
Mailing Address (include city and zip code) Telephone No.
sscohen@earthlink.net
E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ Annual Filing - Due January 15, 2004
Period: January 1, 2003 - December 31, 2003

☒ Report #1 - Due August 31, 2004
Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
All others Period: Jan. 1, 2004 - Aug. 26, 2004
Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☐ Report #2 Due - October 26, 2004
Period: Aug. 27, 2004 - Oct. 21, 2004

☐ Report #3 Due - January 15, 2005*
Period: Oct. 22, 2004 - Dec. 31, 2004
BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ Annual Filing - Due January 15, 2005
Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

RECEIVED

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CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100

Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

3. Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in Excess of \$100

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

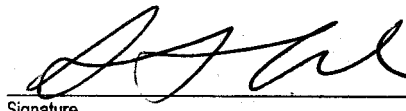
6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.



Signature

8/18/04

Date

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) STEVE COHEN Office (if applicable) SMG10 BOARD District (if applicable) STM610
70 CH1 IN RENO, NV 89511 775 853-4054
SSCohen@earthlink.net Telephone No.
 E-Mail Address

Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
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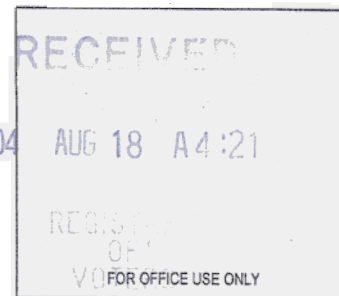
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CONTRIBUTIONS SUMMARY

- Total Monetary Contributions Received in Excess of \$100
- Total Monetary Contributions Received of \$100 or Less

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
0	0

- Total Amount of Monetary Contributions Received
(Add Lines 1 and 2)
- Total Value of In Kind Contributions Received in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
0	0

EXPENSES SUMMARY

- Total Monetary Expenses Paid in Excess of \$100
- Total Monetary Expenses Paid of \$100 or Less
- Total Amount of All Monetary Expenses Paid
(Add Lines 5 and 6)
- Total Value of In Kind Expenses in Excess of \$100

This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
0	0
0	0
0	0
0	0

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature [Signature] Date 8/18/04

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

STEVE COHEN

STIMULUS BOARD

STIMULUS

Name (print)

Office (if applicable)

District (if applicable)

75 CHINCHILLA LN

RENO, NV 89511

775 853-4054

Mailing Address (include city and zip code)

Telephone No.

sschne@earthlink.net

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Select Appropriate Box(es) ☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

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REGISTRAR

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CONTRIBUTIONS SUMMARY

Total Monetary Contributions Received in Excess of \$100

2. Total Monetary Contributions Received of \$100 or Less

This Period

Cumulative From Beginning of Report Period #1 Through End of This Reporting Period

0

3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)

4. Total Value of In Kind Contributions Received in Excess of \$100

0

0

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of \$100

6. Total Monetary Expenses Paid of \$100 or Less

7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)

8. Total Value of In Kind Expenses in Excess of \$100

0

0

AFFIRMATION

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Signature

Date